## A0400002104

| (Requestor's Name)                           |                        |  |  |  |  |
|----------------------------------------------|------------------------|--|--|--|--|
| (Address)                                    |                        |  |  |  |  |
| (Address)                                    |                        |  |  |  |  |
| (City/State/Zip/Phone #)                     |                        |  |  |  |  |
| PICK-UP                                      | WAIT MAIL              |  |  |  |  |
| (E                                           | Business Entity Name)  |  |  |  |  |
| (Document Number)                            |                        |  |  |  |  |
| Certified Copies                             | Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer:      |                        |  |  |  |  |
|                                              |                        |  |  |  |  |
|                                              |                        |  |  |  |  |
|                                              |                        |  |  |  |  |
| <u>                                     </u> |                        |  |  |  |  |

G. MCLEOD

MAR - 3 2011

EXAMINER



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02/28/11--01054--016 \*\*52.50

11 FEB 28 AN ID: 5

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                      |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| SUBJECT: TRI-STATE FUNDING, LLY                                                                                                                                                                                                        |  |  |  |  |  |
| Name of Florida Limited Partnership or Limited Liability Limited Partnership                                                                                                                                                           |  |  |  |  |  |
| The enclosed Certificate of Amendment and fee(s) are submitted for filing.                                                                                                                                                             |  |  |  |  |  |
| Please return all correspondence concerning this matter to:                                                                                                                                                                            |  |  |  |  |  |
| Howars A. JACOBS                                                                                                                                                                                                                       |  |  |  |  |  |
| JACOBS CAPITAL VANTACRS LLC Firm/Company                                                                                                                                                                                               |  |  |  |  |  |
| 1324 S. LAKESHORE DR.                                                                                                                                                                                                                  |  |  |  |  |  |
| SARASOTA TZ. 34231                                                                                                                                                                                                                     |  |  |  |  |  |
| City, State and Zip Code  Howard Jacobs Car Tal Various - Com  E-mail address: (to be used for future annual report notification)                                                                                                      |  |  |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                           |  |  |  |  |  |
| Howard A. Jacobs at (941) 359-6565  Name of Contact Person Area Code and Daytime Telephone Number                                                                                                                                      |  |  |  |  |  |
| Enclosed is a check for the following amount:                                                                                                                                                                                          |  |  |  |  |  |
| \$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee Certified Copy, and Certificate of Status                                                                                                                            |  |  |  |  |  |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |  |  |  |  |  |

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

| 101- STATE MONDING, LLL                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Insert name currently on file with Florida Department of State                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                   |
| Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 230 2004, assigned Florida document number 40400002104, adopts the following certificate of amendment to its certificate of limited partnership. |
| adopts the following certificate of amendment to its certificate of infined particeship.                                                                                                                                                                                                                                                                          |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                                                               |
| A. If amending name, enter the new name of the limited partnership or limited liability limited partnership                                                                                                                                                                                                                                                       |
| here:                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                   |
| New name must be distinguishable and contain an acceptable suffix.                                                                                                                                                                                                                                                                                                |
| Acceptable Limited Parmership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.<br>Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.                                                                                                                                                      |
| B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:                                                                                                                                                                                                                                   |
| New Principal Office Address:                                                                                                                                                                                                                                                                                                                                     |
| (Must be STREET address)                                                                                                                                                                                                                                                                                                                                          |
| SRY CO                                                                                                                                                                                                                                                                                                                                                            |
| New Mailing Address: (May be post office box)                                                                                                                                                                                                                                                                                                                     |
| (may be post office box)                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                   |
| C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                   |
| Name of New Registered Agent:                                                                                                                                                                                                                                                                                                                                     |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                    |
| Enter Florida street address                                                                                                                                                                                                                                                                                                                                      |
| , Florida                                                                                                                                                                                                                                                                                                                                                         |
| City Zip Code                                                                                                                                                                                                                                                                                                                                                     |

## New Registered Agent's Signature, if changing Registered Agent:

|               | with and accept the obli                                       |                         |                                        | te performance of my duties, and I<br>ent. |
|---------------|----------------------------------------------------------------|-------------------------|----------------------------------------|--------------------------------------------|
|               |                                                                |                         |                                        |                                            |
|               |                                                                | 11                      | Changing Registered Age                | ent, Signature of New Registered Agent     |
|               | ing the general partner<br>oved from our records:              |                         | e and business addr                    | ess of each general partner being          |
| <u>Title</u>  | <u>Name</u>                                                    |                         | Address                                | Type of Action                             |
|               | JALOBS CAPITAL                                                 | Armajuc 1               | 324 S. LAKESHO<br>DEASOTA, FI<br>34231 | Add Remove                                 |
|               | barry Marine                                                   | EMENT UC 1              | 324 S. LALECHO<br>ADMSSTA 17<br>3423 T | <u>Remove</u> ☐ Add                        |
|               |                                                                |                         |                                        | Add Remove                                 |
| <del></del>   |                                                                |                         |                                        | Add Remove                                 |
| /             |                                                                |                         |                                        | Add                                        |
|               |                                                                |                         |                                        | AddRemove                                  |
|               | ited partnership or li<br>ership <sup>er</sup> status, enter c |                         | nited partnership is                   | amending-its "limited liability            |
| This Li       | mited Partnership here                                         | eby elects to be a "I   | imited Liability Lim                   | ited Partnership."                         |
| This Li       | mited Partnersh <del>ip</del> here                             | eby removes its "Li     | mited Liability Limit                  | ted Partnership" status.                   |
| (NOTE: If add | ing or removing" limited li                                    | iability limited partne | rshin" status, all genera              | al partners must sign this amendment.)     |

| ffective date, if other than the date of filing:                                                                                                                                                 | ne date this document is filed by the Florida Department of    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| gnature(s) of a general partner or all general par                                                                                                                                               | rtners*:                                                       |
| NOTE: Only one current general partner is required to sign the moving a "limited liability limited partnership" election states then adding or removing a "limited liability limited partnership | nent. Chapter 620, F.S., requires all general partners to sign |
| COBS CAPTIAL PARTIES LIC                                                                                                                                                                         |                                                                |
| when A. Jacobs-Passacrot                                                                                                                                                                         |                                                                |
| gnature(s) of all new or dissociating general part                                                                                                                                               | ner(s), if any:                                                |
| was Chartay largeners UC                                                                                                                                                                         | BEVERY MANAGEMENT, LLC                                         |
| WARS A. SACOBS-PRESIDENT                                                                                                                                                                         | By: Atrobs- Passier                                            |
|                                                                                                                                                                                                  |                                                                |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50                                                                                                                                           |                                                                |